# 2016 Enrollment and Change Frequently Asked Questions

*11.05.2015*

## Health Insurance

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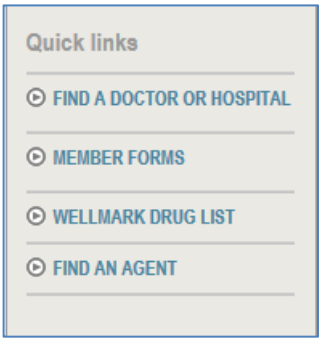
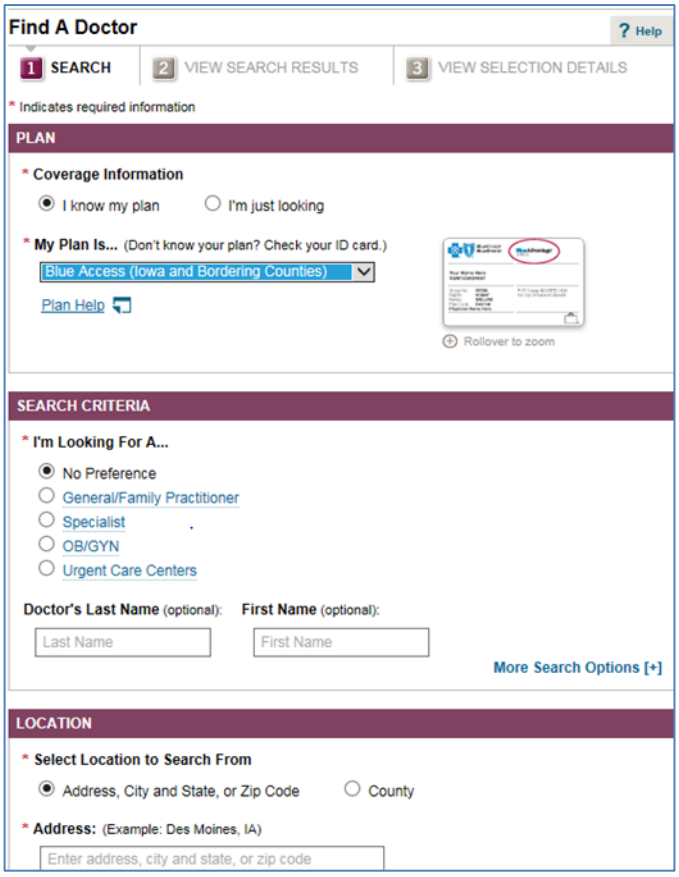
| **1** | **Please define "urgent care" as it applies to co-insurance versus copayments?** |
| | Some clinics may have "urgent care" on the side of the building, but the provider bills it as an office visit. This is confusing to the health care consumer, who wonders what is an urgent care center?<br><br>Wellmark previously did not recognize urgent care providers as a specific provider type. A provider billing for an urgent care service submitted the claim to Wellmark as an office visit or outpatient service.<br><br>Beginning in 2016, Wellmark will recognize urgent care centers as an eligible provider type in their networks. To be eligible as an urgent care center provider, a site will be required to meet specific contracting and credentialing criteria. If enrolled in Blue Access in 2016 and if the provider is credentialed as an urgent care center, you will have a 10 percent coinsurance payment.<br><br>A clinic, not credentialed as an urgent care center, could still submit a claim as an office visit or outpatient service.<br><br>Starting January 1, 2016, you can access facilities that are credentialed as urgent care. You will file claims that way with Wellmark at wellmark.com under Find a Doctor or Hospital. |
| **2** | **I'm looking for providers at the Wellmark website; I don't see Iowa Select as a network.** |
| | Look for Alliance Select at the Wellmark website. Iowa Select uses Wellmark's **Alliance Select** network. |
| **3** | **Where do I go to find out if my provider is a participating physician in Blue Access?** |
| | 1. Go to the Wellmark website at http://www.wellmark.com/.<br>2. Click on "Find a Doctor or Hospital" under the Quick links on the right side of the page.<br>  <br><br>3. Click on Doctors (Iowa & South Dakota)<br>  <br> |

4. From this site, you can look up a specific doctor or a physician close to you.

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| **4** | **On the side-by-side comparison for Blue Access, Chiropractor is listed as "$10 copay, if approved." What is the meaning of "if approved"?** |
| | The service needs to be medically necessary to be considered by the plan with chiropractic visits.<br><br>Wellmark reviews for medical necessity. On the Blue Access plan, there is no visit limit. It's based on the reason for the visit. Some individuals seeking chiropractic care do what is called "maintenance visits." Wellmark does not consider these visits as medically necessary, and the member would pay for those services alone. When the chiropractor submits the claim to Wellmark, they need to indicate why the member is receiving care. |
| **5** | **How does Blue Access cover maternity in light of the 10 percent coinsurance?** |
| | An employee enrolled in Blue Access will pay 10 percent up to the $1,500 out of pocket maximum for the delivery.<br><br>The member would potentially be charged a copayment in conjunction with maternity services, if the patient:<br>• transfers into or out of the practice<br>• is referred to another practitioner at some point in the antepartum period<br>• is delivered by another practitioner not associated with or covering for the practitioner<br>• changes insurers during pregnancy<br>Or, she has something outside of the global billing charges such as:<br>• obstetrical panel<br>• biophysical profiles |

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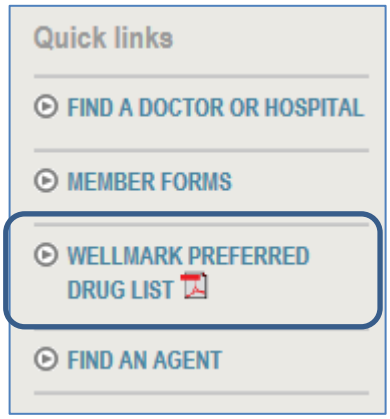
| | • Pap tests<br>• pregnancy tests<br>• fetal nonstress tests<br>• amniocentesis<br>• ultrasounds (allowed once per pregnancy), except as medically necessary to determine gestation dates |
| **6** | **Where can I find what tier my family's prescriptions are on?** |
| | 1. Go to the Wellmark website at http://www.wellmark.com/.<br>2. Under Quick links on the right side of the page, click on "Wellmark Preferred Drug List" and reference the bottom of each page for the key on whether a drug is generic (tier one), preferred (tier two), or brand (tier 3).<br>  <br><br>• Another way to find what tier a prescription is on is to log into myWellmark on wellmark.com and use the Price & Save tool to determine the exact cost share of any drug for your specific benefit. |
| **7** | **How is an office visit for ADD covered?** |
| | This would depend on how the provider bills for the services received. If billed as Mental Health Chemical Dependency (MHCD), those benefits would apply.<br><br>Copays would be:<br><br>Blue Access - $10<br>Iowa Select - $15<br>Program 3 Plus - $15 |
| **8** | **What types of tobacco cessation are covered in state employee health plans starting in 2016?** |
| | Tobacco cessation is a preventive service under the Affordable Care Act. When in-network providers are used, this service includes prescription drugs.<br><br>During the first 180 days per benefit period, all Food and Drug Administration (FDA) approved tobacco cessation medication prescribed by a health care provider are covered with no member cost share. Coverage includes prescription and over-the-counter (OTC) drugs. On and after the 181st day, the prescription drug copays will apply through the end of the benefit period. For example, pharmacy tier copays will apply, and OTC will no longer be covered. |
| **9** | **Is there a list of procedures showing how much Blue Access' 10 percent coinsurance will cost me?** |
| | There is no list showing how much Blue Access' 10 percent coinsurance will cost me per se. There is Wellmark's |

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| | **Member Out-of-Pocket Cost Estimate** tool. This tool helps you estimate the cost of a particular procedure or service by incorporating your specific benefits, copayments, coinsurance, and deductible information.<br><br>**How to use the Member Out-of-Pocket Cost Estimate tool?**<br><br>1. Log into myWellmark (If you don't have an account, sign up at http://www.wellmark.com.).<br>2. Click on the Claims & Spending tab.<br>3. Select "Estimate your Costs" within the Quality and Cost Tools widget.<br>4. Once you are in the National Doctor and Hospital Finder, enter a procedure, service, hospital, or provider name in the "Search by" box.<br>5. Select Go.<br>6. Select the link where the provider name appears.<br>7. Under Specialties, select Explore Procedure Costs.<br>8. Use the drop down menu to select the procedure or service. Please note, only procedures and services with costs submitted by the doctor will be displayed. This is a range of total estimated cost information on the most commonly billed, elective procedures (inpatient or outpatient), office visits, and diagnostic services.<br>9. To find an estimate of services (your out-of-pocket costs using the real-time benefit information), click View Member Out-of-Pocket Cost.<br>10. Next, choose a dependent, if applicable, to calculate the estimate using his or her benefit information. Click Apply. This will not take you to a new page. Scroll down for your average out-of-pocket costs for the procedure. Select **Go.**<br><br>Keep in mind, the Member Out-of-Pocket Cost Estimate tool is not intended to provide exact costs. It is an estimate based on pricing for preferred provider organization (PPO) plans and can change from the time you initially generated the estimate.<br><br>The State of Iowa's health plan excludes or limits Infertility Services. The tool will show your out-of-pocket cost estimate; however, there is no benefit coverage for this service or treatment.<br><br>If you have questions, please call Wellmark's Customer Service at 1-(800) 622-0043. |
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## Flexible Spending Accounts

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| **1** | **May I set up a Health Flexible Spending Account if my spouse has a Health Savings Account (HSA) through his employer (with a high deductible health care plan)?** |
| | No. A health FSA is considered "other coverage" under the HSA rules. Therefore, spouses cannot contribute to both a general purpose FSA and HSA in the same plan year. |
| **2** | **I started orthodontia payments in 2015, and I have been making the minimum standard payments of $184 per month. Can I make accelerated payments in 2016 of $212.50 per month to maximize my 2,550 flex dollars?** |
| | Any payment made for orthodontia during the plan year can be reimbursed up to the maximum election of $2,550. |
| **3** | **Can two state employees each contribute to the dependent care FSA, or is it limited to just one of the two?** |
| | If they are married, they can each have dependent care flex. As a couple, they are capped at $5,000. They could each contribute $2,500 or any other combination that makes $5,000. |

**If you have any questions, please send an email to employee.benefits@iowa.gov.** The FAQ will be updated as other questions are asked.